

NUMBER OF EACH IN  
SEPARATE REPORT ONLY MUST BE INDICED FOR EACH, AND  
ORDER OF BIRTH STATED.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 206  
Registered No. 82

## 1. PLACE OF BIRTH

County Sela State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Flagstaff No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Camposon { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Nov 28 1928  
Month Day Year

8. FATHER Full name Jose Camposon 14. MOTHER Full maiden name Francesca Rube

9. Residence (Usual place of abode) Flagstaff 15. Residence (Usual place of abode) Flagstaff  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 23 (Years) 16. Color or race Mexican 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Altar 18. Birthplace (city or place) Yuma  
(State or country) Sonora (State or country) Ariz

13. Occupation Mechanic 19. Occupation Housewife  
Nature of industry Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles H. Hirsch (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Arizona  
Month, day, year \_\_\_\_\_ Filled Dec 1 1928 W. B. H. Hirsch  
Registrar Registrar

035-1128-692